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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

O P E C A B
MAY 26 2005
PATENT & TRADEMARK OFFICE
APPLICANT: Manning, et al.) GROUP ART UNIT: 1614
SERIAL NO.: 10/626,941)
EXAMINER: Phyllis G. Spivack) CONFIRMATION NO.: 3233
FILED: July 25, 2003)
TITLE: METHODS FOR TREATMENT AND PREVENTION OF
GASTROINTESTINAL CONDITIONS

CERTIFICATE OF MAILING

I hereby certify that this communication and any recited enclosures are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 24, 2005

Linda K. Cooper
Linda K. Cooper

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

REPLY TO OFFICE ACTION

Sir:

This letter is in response to the Office Action dated February 24, 2004. The Applicants believe that this response is timely filed, however please charge any appropriate fees to Deposit Account No 19-1025.

AMENDMENT TRANSMITTAL LETTER (Large Entity)

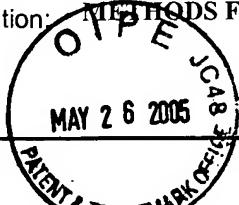
Applicant(s): Manning et al.

Docket No.

01073/1/US

Application No. 10/626,941	Filing Date July 25, 2003	Examiner Phyllis G. Spivack	Customer No. 26648	Group Art Unit 1614	Confirmation No. 3233
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Invention: METHODS FOR TREATMENT AND PREVENTION OF GASTROINTESTINAL CONDITIONS

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	43 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1025
- Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- Payment by credit card. Form PTO-2038.

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Philip B. Polster
Signature

Dated: May 24, 2005

Philip B. Polster, II Reg. No. 43,864
Pharmacia Corporation of Pfizer Inc.
P.O. Box 1027
Chesterfield, Missouri 63006
314.274.9094

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

May 24, 2005

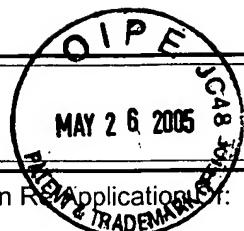
(Date)

Linda K. Cooper
Signature of Person Mailing Correspondence

Linda K. Cooper

Typed or Printed Name of Person Mailing Correspondence

CC:



**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
010731/1/US

In Re Application(s) : Manning et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/626,941	July 25, 2003	Phyllis G. Spivack	26648	1614	3233

Title: **METHODS FOR TREATMENT AND PREVENTION OF GASTROINTESTINAL CONDITIONS**

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Amendment Transmittal; Response to Office Action; Itemized Postcard.

in the above identified application.

- No additional fee is required.
- A check in the amount of _____ is attached.
- The Director is hereby authorized to charge and credit Deposit Account No. **19-1025** as described below.
 - Charge the amount of _____
 - Credit any overpayment.
 - Charge any additional fee required.
- Payment by credit card. Form PTO-2038 is attached.

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May 24, 2005

(Date)



Signature of Person Mailing Correspondence

Linda K. Cooper

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